U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSU	RANCE COMPANY USE			
A1. Building Owner's Name SUZANNE BERTONIERE				Policy Num	ber:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 229 N. BEACH BLVD				Company N	VAIC Number:			
City WAVELAND				State Mississ			ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL # (161F-0-02-071.000)								
A4. Building Use	(e.g., Reside	ntial, Non-Residential,	Addition	n, Accessory,	etc.)	RESIDEN	TIAL	
A5. Latitude/Long	itude: Lat. <u>N</u>	V 30-17-06	Long. V	V 89-21-59		Horizontal	Datum: NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	ohs of the building if th	e Certific	cate is being	used to o	obtain flood	d insurance.	
A7. Building Diagr	am Number	6						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foo	tage of craw	lspace or enclosure(s))		260.00	sq ft		
b) Number of	permanent fl	ood openings in the cr	awlspac	e or enclosur	e(s) with	in 1.0 foot	above adjacent gra	ade 2
c) Total net ar	ea of flood o	penings in A8.b		262.00 sq ii	n			
d) Engineered	l flood openir	ngs? ☐ Yes ☒ I	No.					
A9. For a building with an attached garage:								
a) Square footage of attached garage 0.00 sq ft								
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot a	above adja	cent grade 0	
c) Total net area of flood openings in A9.b0.00 sq in								
d) Engineered flood openings?								
D4 NEID On		CTION B - FLOOD	INSURA	•		IRM) INFO	DRMATION	
WAVELAND 28526	•	Community Number		B2. County HANCOCK				B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ rised Date	B8. Flo Zone(s		B9. Base Flood El (Zone AO, use	evation(s) Base Flood Depth)
28045C-0361	D	10-16-2009	10-16-2		\	/E		24
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No								
Designation Date: CBRS DPA								

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 229 N. BEACH BLVD				Policy Number:	
	ate ZIP ssissippi 395	Code 576	Company NAI	Number	
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: USM NETWORK Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used.					
a) Top of bottom floor (including basement, crawls)	pace, or enclosure floor)	6.6 X fee		
b) Top of the next higher floor		-	29.9 X fee		
c) Bottom of the lowest horizontal structural member	er (V Zones only)		27.9 X feet		
d) Attached garage (top of slab)			N/A X feet	☐ meters	
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	nments)		29.9 X feet		
f) Lowest adjacent (finished) grade next to building	g (LAG)	8-	6.0 X feet		
g) Highest adjacent (finished) grade next to building	g (HAG)	-	6.3 X feet	meters	
 h) Lowest adjacent grade at lowest elevation of de- structural support 	ck or stairs, including	•	6.2 X feet	meters	
SECTION D - SURVEYOR	, ENGINEER, OR AR	CHITECT CERTIFI	CATION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor?					
Certifier's Name	License Number				
DUKE LEVY	'01722				
Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES				CE LEVY PP30/sgr NGINEER DO SAND OF	
Address				S. 1722	
4412 LEISURE TIME DRIVE			To leave	SURVE	
City DIAMONDHEAD	State Mississippi	ZIP Code 39525	160	MISSIS	
Signature	Date 06-25-2020	Telephone (228) 343-9691	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) WO 20-19-042-2 BENCHMARK - A MAG NAIL WITH A DISK WAS SET IN THE CENTERLINE OF THE ROAD AT 229 N. BEACH BLVD.THE ELEVATION ON TOP OF THE NAIL IS (4.65') FEET. THE LOWEST MACHINERY SERVICING THE HOME IS AN A/C UNIT LOCATED ON THE EAST SIDE.					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 229 N. BEACH BLVD			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 229 N. BEACH BLVD			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption

Clear Photo Three



Photo Four

Photo Four Caption

Clear Photo Four

		CITY OF WAVELAND, MISS	ISSIPPIck County
	This DI By Ad	ECLARATION made this 30th day of June 20_ rien & Suzanne Bertoniere (OWNER) having an address at	ZO., ZZA N. Beach Blud.
	WHERE In the C WHERE elevation	ESSETH: EAS, the Owner is the record owner of all that real property located at	hat has an enclosed area below the base flood
	restricti	EAS, the Owner agrees to record this DECLARATION and certifies and declar ions are placed on the affected property as a condition of granting the Permit, and the binding on the Owner, his heirs, personal representatives, successors, future	nd affects rights and obligations of the Owner
	UPON '	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:	
	1.	The structure or part thereof to which these conditions apply is:	
	2.	At this site, the Base Flood Elevation is $24 + 1$ feet above mean sea leve	l, National Geodetic Vertical Datum.
	3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking building. All interior walls, ceilings and floors below the Base Flood Elevation resistant materials. Mechanical, electrical or plumbing devices shall not be in	on shall be unfinished or constructed of flood
	4.	The walls of the enclosed areas below the Base Flood Elevation shall be equi shown on the Permit.	
	5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any violation. Any alterations or changes from these conditions also may render flood insurance.	Timothy A. Kellar
	6.	interior of the enclosed area to verify compliance with this Declaration. Such to the Owner and no more frequently than once each year. More frequent inspection discovers a violation of the Permit	inspections will be conducted upon due notice
	7.	Other conditions:	risdiction, the within named Avian Restantion
	In witne	ess whereof the undersigned set their hands and seals this day of	of une and foregoing instrument bertaic
	LM,	Jan Johns (Print)	Hancock County I certify this instrument was filed on 06-30-2020 10:40:19 AM (Print)
ı	Adrie	en L. Bertoniere (Signature)	and recorded in Deed Book 2020 at pages 6963 - 6963 (Signature)

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V Zone Building Design and Performance Certificate

For New Construction, Substantial Improvements, and the repair of damage to buildings in Coastal Special Flood Hazard Areas (Zone V)

To be completed by a Registered Engineer or Architect
Building Owner SUZAN NE BERTONIEZE Flood Insurance Policy #
Mailing Address 229 N. BEACH BLVD.
City WAVELAND State MS. Zip Code 39576
Building Location SEE PLAT
Latitude N 30 17 06" Longitude W 89°21'09" County HANCOCK
Duilding Location County HANCOCK County HANCOCK Other Legal Description TAX PARCEL # 1618 - 4 - 42 - 471, 484
Within City Limits? Yes No
SECTION I: Flood Insurance Rate Map (FIRM) data
NOTE: This Certificate is NOT a substitute for an Elevation Certificate WAVELAND Community Name Community ID Number FIRM Panel Number Panel Suffix Description FIRM Panel Pan
SECTION II: Elevation Information
Record elevation to the one tenth (1/10) of a foot
1. Elevation of the bottom of the Lowest Horizontal Structural Member 26. 4 feet 2. Base Flood Elevation (BFE) 24. 4 feet 3. Elevation of Lowest Adjacent Grade (LAG) 5. 4 feet 4. Foundation type: Piling Post Pier Column Fill Shear Wall Enclosed Wall
Foundation Description: 16"X 16" ZEIN FORCES CONCILETE
COLUMNS ON REINFORCED CONCRETE FOOTING
5. Approximate depth of scour / erosion used for foundation design 5. 4 feet 6. Embedment depth of pilings or foundation below LAG 5. 4 feet 7. Datum used: NGVD 1929 NAVD 1988 V Other

SECTION III: V-Zone Certification Statement

NOTE: This Certificate does NOT substitute for an Elevation Certificate

I certify that I have developed or reviewed the structural design, plans, and specification for construction and that the design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated the base flood. Wind loading values are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

NOTE: This section must be certified by a registered engineer or architect when breakaway walls exceed a design safe loading resistance of 20 pounds per square foot.

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

Breakaway wall collapse shall result from a water load less than that which would

occur during the base flood; and

* The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

SECTION V: Certification
Signature below certifies Section III; Section IV
Certifier's Name T. J. Mokan, Jr. Company Name TELETRY Mokan & ASSOC. PLLC Title ENGINEER License Number MS-6005 Street Address 370 COURTHOUSE RD., SUITE 184 City GULF PORT State MS. Zip Code 39507 Signature Date 10/3/19 Telephone Numbe(22B) 896-4733
Signature Date $\frac{10/3}{19}$ Telephone Number $\frac{228}{896}$ $\frac{896}{4733}$
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CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2018 International Codes Council certifying

Certificate #: 1900399

Issued to: BERTONIERE, ADRIEN & SUZANNE

Building Address: 229 N BEACH BLVD

City, State, Zip: WAVELAND, MS 39576

Issued Date: 07/06/2020

Expires: End of occupancy

Occupancy Type: SINGLE FAMILY RESIDENTIAL

Sprinkler System Required: NO

Special Conditions: NO

Building Official

Am

7.6-70

Date